

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18397

Registrar's No.

104

FILED MAY 20 1943

Registration District No.

209

Primary Registration District No.

3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1223 Center
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Entire life years, months or days)

3. (a) PRINT FULL NAME Edward Joseph Quirk3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, divorced6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased March 18 1885
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
58 0 15 - hr. - min.9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)10. Usual occupation retired11. Industry or business White Star Laundry12. Name Edward J. Quirk13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Bridgett Rafferty15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Nell Schuy(b) Address Rock St., Hannibal, Mo.17. (a) Burial (b) Date thereof Apr. 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Mary's Cemetery18. (a) Signature of funeral director Ray O. Schuy(b) Address 1000 Edway, Hannibal, Mo.19. (a) 4-7-43 (b) R W Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1223 Center
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1943 hour 11 minute - A. M.21. I hereby certify that I attended the deceased from 1940
_____, 1940, to Apr 2, 1943
that I last saw him alive on Mar 3, 1943
and that death occurred on the date and hour stated aboveImmediate cause of death myocarditis Duration 3-42Due to Probably Lactic

Due to _____

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury 023. Signature A B Blue (M. D. Blue)
Address Hannibal, Mo. Date signed 4-9-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Roy P. Schwartz

____ Licensed Embalmer No.....

176.5

P. O. Address.....

1000 Edway, Hannibal,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.